

## REMARKS

Claims 1 - 54 were submitted for examination. In the Office Action dated 2/10/2005, Claims 1, 5-6, 18-19, 38, 42-43 and 54 are rejected under 35 USC 103(a) as being unpatentable over Joao (US Patent No.: 6,283,761, hereinafter "Joao") in view of Ertel (US Patent No.: 5,307,262, hereinafter "Ertel"), Claims 2-4, 20-29 and 39-41 are rejected under 35 USC 103(a) as being unpatentable over Joao in view of Campbell (US Patent No.: 6,047,259, hereinafter "Campbell"), Claims 7-9 and 44-46 are rejected under 35 USC 103(a) as being unpatentable over Joao in view of Ertel , and further in view of Snell (US Patent No.: 5,722,999, hereinafter "Snell"), Claims 10-17 and 47-53 are rejected under 35 USC 103(a) as being unpatentable over Joao in view of Ertel and Snell, and further in view of LaPointe et al (US Patent No.: 2001/0023419, hereinafter "LaPointe"), Claims 30-37 and 47-53 are rejected under 35 USC 103(a) as being unpatentable over Joao in view of Ertel, and further in view of LaPointe.

The Examiner is appreciated for the thoughtful review and comments in the Office Action. In the foregoing, amendments to Claims 14, 18-19, 22, 34, 37, 50 and 54 are believed to have overcome the rejections under 35 USC 112, and amendments to other indicated claims are believed to have further distinguished from the cited references. Reconsideration of Claims 1 - 54 is respectfully requested in view of the following remarks.

As amended, Claim 1 now recites:

receiving patient data over a network from a user regarding a health condition  
being experienced by the user;  
filtering the patient data according to a first database to produce filtered patient data, wherein the filtering of the patient data comprises:  
discarding some of the patient data that is not so related to the health condition; and  
requesting correction or verification on some of the patient data with the user when the patient data appears abnormal according to the first database;  
performing an analysis of the filtered patient data;

outputting, in response to the filtered patient data, a medical recommendation of the health condition based on a second database that includes medical decision-making intelligent agents, accesses to clinical research information, related health databases and resources controlled by various professional participants, wherein the medical recommendation includes what the user is suggested to do in regarding to the health condition; and alerting related parties regarding the user if the health condition is not normal.

*(emphasis added)*

As one embodiment of the claimed invention, FIG. 2B clearly shows that the patient data is provided by a user *who is experiencing a health condition* to a first database (e.g., a record patient database 208). The first database is configured to filter the patient data to produce filtered patient data. In particular, as recited in Claim 1, the filtering operation includes discarding some of the patient data that is not so related to the health condition; and requesting correction or verification on some of the patient data when the patient data appears abnormal according to the first database. The filtered patient data is then provided to a second database (e.g., an external knowledgebase 204), and at the same time, analyzed in a patient data analysis module 214. Together with the results from the medical analysis engines 216, a medical management recommendation is produced at 220.

The Examiner acknowledges on page 4 that Joao fails to expressly disclose a method of managing diseases and wellness online and believes that the filtering operation is old and well-known in the art evidenced by Ertel to show that it teaches such. The Applicant respectfully disagrees with the Examiner that the filtering operation as claimed is old and well-known. First, none of the cited references teaches or suggests claimed filtering operation. Second, the Applicant respectfully contests the combination of Joao and Ertel as it is believed that there is no motivation to combine these two references in the manner proposed by the Examiner. Nevertheless, even if these two references were to be combined, the combination would still fail to teach or suggest the combined features recited in the Claim 1.

In contrast, Joao teaches apparatus and method for processing and/or for providing healthcare information and/or healthcare-related information. The Examiner depends largely on the abstract to reject the claim. However, the abstract does not, neither the Specification thereof, explicitly indicate who is providing the information. As amended, Claim 1 of the instant application explicitly recites that the patient data is provided by a user experiencing a health condition, while Joao teaches a database having everything, except for the information regarding to a health condition being experienced and provided by the patient, to facilitate the processing of insurance claim and management of patient records. Further, lines 24-51 of Col. 17, together with the abstract, depended upon by the Examiner (on page 3 of the Office Action) teach what information could be in a database but is completely silent on “performing an analysis of the filtered patient data”.

Ertel explicitly teaches review and control clinical data quality in the reporting of hospital claims data. The filtering operation in Ertel, as detailed in lines 39-67 of Col. 37 teaches that *this “filtering” step (block 148) “filters” cases into Data Stream A cases that generate no messages (i.e. have no detectable data problems)*. Moreover, Ertel’s filtering step is designed to analyze patient medical case records for compliance with standardized medical coding and then flag problem cases for human review (Ertel Col.26, lines 30-65). The filtering operation in Ertel is designed to sort different patient case records into those that need human review and those that do not (Ertel Col 37, lines 39-68). Consequently, Ertel’s filtering step is only designed to assess for the quality of the *medical coding* as it applies to the patient’s medical case and not the quality of the *patient data itself* (Ertel Col.26, lines 30-65). Accordingly, it is respectfully submitted Ertel does not teach nor suggests “requesting correction or verification on some of the patient data with the user when the patient data appears abnormal according to the first database”.

In addition, Snell is cited to show “discarding some of the patient data that is not so related to the health condition”. The combination of Joao, Ertel and Snell is also respectfully contested. Snell teaches acquiring medical data from an implantable medical device and integrating recently acquired medical data with previously acquired

medical data. The user is prompted whether old medical data should be discarded, *not consulted to discard some of the patient data that is not so related to the health condition*, see 228 and 232 of FIG. 9 and 55-67 of Col. 16. Moreover, Snell teaches to discard old historical patient data in the memory unit of the implantable medical device for the purposes of providing more storage space for newer patient data and thus discards data based on *chronicity* and not based on whether or not the data is related to the health condition (see Col 16 lines 52-60).

Further, to make Claim 1 more different from the cited references, Claim 1 has been amended to include another important feature of “alerting related parties regarding the user if the health condition is not normal”. None of the cited references has explicitly taught or suggested such feature.

In summary, the Applicant submits that the combined features in the amended claim 1 are neither taught nor suggested in Joao, Ertel and Snell, and Claim 1, as amended, shall be allowable over Joao, Ertel and Snell, viewed alone or in combination. Reconsideration of Claim 1 and corresponding dependent claims is respectfully requested.

Further the Applicant wishes to point out that LaPointe cited to reject Claim 10-17 and 47-53 appears erroneous. Paras [0023], [0128] - [0130] in LaPointe explicitly teaches that the statistical analysis is based on a population of patients, which means the patient data from the user and other patients are pooled together for analysis. In contrast, the amended claim 10 now recites that the analysis is based on the patient data provided by the individual user experiencing a health condition. Evidently, LaPointe teaches away from the claims.

Independent claims 21 and 38 have been amended to include the limitations that have been added to claim 1. The Applicant wishes to use the above arguments to support the once-amended claims 21 and 38, and believes that the amended claims 21 and 28 shall be allowable over Joao, Ertel, Snell, and LaPointe, viewed alone or in combination. Reconsideration of claims 21-54 is respectfully requested.

In view of the above amendments and remarks, the Applicant believes that Claims 1 - 54 shall be in condition for allowance over the cited references. Early and favorable action is being respectfully solicited.

If there are any issues remaining which the Examiner believes could be resolved through either a Supplementary Response or an Examiner's Amendment, the Examiner is respectfully requested to contact the undersigned at (408)777-8873

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Respectfully submitted;

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